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| Case:12-03428-ESL7 Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main | B1 (Official Form 1) (12/11) | Document Pa | • | | |
|---|------------------------------|-------------|---|------|------------|
| | | | | 2:34 | Desc: Main |

| Dist | rict of F | | | | ırı | | | | Vo | lun | tary Petition |
|---|-------------|-----------------|-------------------------|---------|----------------------------------|--------------------|----------------|--|---------------|--------|--|
| Name of Debtor (if individual, enter Last, First, Mic GUADALUPE SANTALIZ, RUBEN | idle): | | | | | | | ise) (Last, First, | | | |
| All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names): | ars | | | (| (include m | arried, m | aiden, a | e Joint Debtor i nd trade names) N PACHECO | : | 8 yea | urs |
| Last four digits of Soc. Sec. or Individual-Taxpayer (if more than one, state all): 8743 | I.D. (ITIN) | /Com | plete EIN | | Last four d (if more th | | | | axpayer I. | .D. (ľ | TIN) /Complete EIN |
| Street Address of Debtor (No. & Street, City, State HACIENDA PRIMAVERA AA15 AUSTRAL STREET | | | | ! | HACIEND AA15 AU | OA PRIM STRAL S | IAVER/ | | et, City, St | tate & | k Zip Code): |
| CIDRA, PR | ZIPCOD | E 007 | 739 | | CIDRA, P | R | | | | ZIP | CODE 00739 |
| County of Residence or of the Principal Place of Bu | siness: | | | | County of I | Residence | e or of t | he Principal Pla | ce of Busi | iness: | : |
| Mailing Address of Debtor (if different from street HACIENDA PRIMAVERA 15 AUSTRAL STREET | address) | | | | Mailing Ad HACIEND 15 AUST | A PRIM | AVER | ebtor (if differer A | nt from str | reet a | ddress): |
| CIDRA, PR | ZIPCOD | E 007 | 739-9369 | | CIDRA, P | | | | | ZIPO | CODE 00739-9369 |
| Location of Principal Assets of Business Debtor (if | 1 | | | | e): | | | | | | |
| - | | | | | | | | | | ZIPO | CODE |
| Type of Debtor | | | Nature o | f Busi | iness | | | Chapter of Ba | nkruptcy | | de Under Which |
| (Form of Organization) (Check one box.) | | | (Check of Business | ss | , | 1.1 | | apter 7 | Cha | apter | eck one box.) 15 Petition for |
| ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. | | | set Keal E: 101(51B) | state a | s defined i | N 11 | | apter 9 apter 11 | | | tion of a Foreign oceeding |
| Corporation (includes LLC and LLP) | Rail | | | | | | Ch | apter 12 | | | 15 Petition for |
| Partnership Other (If debtor is not one of the above entities, | | ckbrok nmodi | er ty Broker | | | | y Cr | apter 13 | | | tion of a Foreign n Proceeding |
| check this box and state type of entity below.) | | aring I | Bank | | | | | | Nature of | f Deb | ots |
| Chapter 15 Debtor | . Oth | er | | | | | □ | ebts are primaril | (Check on | | x.) Debts are primarily |
| Country of debtor's center of main interests: | | | Tax-Exer | mpt E | ntity | | | ots, defined in 1 | | ici | business debts. |
| Each country in which a foreign proceeding by, | - | | heck box, | | licable.) ganization | um dom | | 01(8) as "incuri ividual primaril | | | |
| regarding, or against debtor is pending: | Title | e 26 o | | ed Stat | es Code (tl | | per | sonal, family, o d purpose." | | | |
| Filing Fee (Check one box) | | | | | | | Chaj | oter 11 Debtors | 5 | | |
| ✓ Full Filing Fee attached | | | Check of | | | . aaa dahtu | oo dat | ined in 11 U.S. | C 8 101/ | 51D) | |
| Filing Fee to be paid in installments (Applicable | o individuo | le. | | | | | | defined in 11 U.S. | | | |
| only). Must attach signed application for the cour | | .15 | Check if | : | | | | | | | |
| consideration certifying that the debtor is unable except in installments. Rule 1006(b). See Officia | | | than \$2 | 2,343,3 | 800 (amount | subject to | adjustme | debts (excluding o | l every thre | e year | siders or affiliates) are less rs thereafter). |
| Filing Fee waiver requested (Applicable to chapte | | ıals | Check al | ll appl | licable box | xes: | | | | | |
| only). Must attach signed application for the cour consideration. See Official Form 3B. | t's | | | | eing filed w | | | arapatition from | one or m | ora c | lasses of creditors, in |
| consideration, see official Form 32. | | | | | with 11 U. | | | prepention from | one or m | iore e | lasses of elections, in |
| Statistical/Administrative Information ✓ Debtor estimates that funds will be available for □ Debtor estimates that, after any exempt property | | | | | | id, there v | will be n | o funds availab | le for | | THIS SPACE IS FOR COURT USE ONLY |
| distribution to unsecured creditors. | | | | | -F | | | | | | |
| Estimated Number of Creditors | | П | | | | | | | П | | |
| ☑ □ □ □ □ □ 1.00-199 200-999 1,0 | 00- | 5,001 | | 10,00 | 1- | □ 25,001- | | 50,001- | Over | | |
| 5,0 | 00 | 10,00 | | 25,00 | | 50,000 | | 100,000 | 100,000 | | |
| Estimated Assets | | П | | П | | | | | П | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 to \$1. | 000,001 to | | 000,001 | | 00,001 to | \$100,00 | 0,001 | | ☐ More tha | an | |
| \$50,000 \$100,000 \$500,000 \$1 million \$10 |) million | | 0 million | | | | | to \$1 billion | \$1 billion | | |
| Estimated Liabilities | | | | | | | | | П | | |
| | 000,001 to | | | | 00.001 to | \$100.00 | 0.001 | | | an | |

\$50,000 \$100,000 \$500,000 \$1 million \$10 million to \$50 million to \$50 million to \$50 million to \$10 million \$10 million

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| Case:12-03428-ESL7 Doc#:1 Filed:05/01/ B1 (Official Form 1) (12/11) Document | 12 Entered:05/01/12 1 .Page 2 of 51 | 5:22:34 Desc: Main Page 2 |
|--|--|--|
| Voluntary Petition | Name of Debtor(s): | - |
| (This page must be completed and filed in every case) | GUADALUPE SANTALIZ, RUBEN & GARR | RATON PACHECO, MARTA JOSEFINA |
| All Prior Bankruptcy Case Filed Within Las | t 8 Years (If more than two, attac | h additional sheet) |
| Location Where Filed: None | Case Number: | Date Filed: |
| Location Where Filed: | Case Number: | Date Filed: |
| Pending Bankruptcy Case Filed by any Spouse, Partner or | Affiliate of this Debtor (If mor | re than one, attach additional sheet) |
| Name of Debtor: None | Case Number: | Date Filed: |
| District: | Relationship: | Judge: |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition. | (To be completed whose debts are pr I, the attorney for the petitioner r that I have informed the petition chapter 7, 11, 12, or 13 of tit explained the relief available un | if debtor is an individual rimarily consumer debts.) named in the foregoing petition, declare her that [he or she] may proceed under le 11, United States Code, and have der each such chapter. I further certify notice required by 11 U.S.C. § 342(b). |
| | X /s/ Roberto Figueroa Cal Signature of Attorney for Debtor(s) | rrasquillo, Esq. 5/01/12 |
| (To be completed by every individual debtor. If a joint petition is filed, example to be completed and signed by the debtor is attached and matter this is a joint petition: | de a part of this petition. | ch a separate Exhibit D.) |
| Exhibit D also completed and signed by the joint debtor is attach | ed a made a part of this petition. | |
| | days than in any other District. partner, or partnership pending in tage of business or principal assets but is a defendant in an action or pro- | this District. in the United States in this District, occeding [in a federal or state court] |
| Certification by a Debtor Who Reside | | Property |
| (Check all app ☐ Landlord has a judgment against the debtor for possession of deb | licable boxes.) tor's residence. (If box checked, co | omplete the following.) |
| (Name of landlord the | at obtained judgment) | |
| (Address of | of landlord) | |
| Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos | | |
| Debtor has included in this petition the deposit with the court of filing of the petition. | any rent that would become due du | aring the 30-day period after the |
| ☐ Debtor certifies that he/she has served the Landlord with this cert | cification. (11 U.S.C. § 362(1)). | |

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Document Page 3 of 51

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

(Check only one box.)

§ 1515 are attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, I

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this

petition is true and correct, that I am the foreign representative of a debtor

☐ I request relief in accordance with chapter 15 of title 11, United

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the

States Code. Certified copies of the documents required by 11 U.S.C.

chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

in a foreign proceeding, and that I am authorized to file this petition.

Signatures

X

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ RUBEN GUADALUPE SANTALIZ

RUBEN GUADALUPE SANTALIZ

X /s/ MARTA JOSEFINA GARRATON PACHECO

Signature of Joint DeMARTA JOSEFINA GARRATON PACHECO

Telephone Number (If not represented by attorney)

May 1, 2012

Date

Signature of Attorney* Signature of Non-Attorney Petition Preparer

X /s/ Roberto Figueroa Carrasquillo, Esq. Signature of Attorney for Debtor(s)

Roberto Figueroa Carrasquillo, Esq. USDC 203614 R. Figueroa Carrasquillo Law Office PO Box 193677 San Juan, PR 00919-3677 (787) 744-7699 Fax: (787) 746-5294 rfigueroa@rfclawpr.com

May 1, 2012

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signatu | re of Authorized | Individual | | |
|----------|------------------|-----------------|----------|--|
| Printed | Name of Author | rized Individua | <u> </u> | |
| Title of | Authorized Indi | vidual | | |
| | | | | |

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

Signature

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

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Case:12-03428-ESL7 Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main Document Page 4 of 51 United States Bankruptcy Court District of Puerto Rico

| IN | RE: | | Case No | | |
|----|--|---|------------------------------|------------------|-------------------|
| Gι | JADALUPE SANTALIZ, RUBEN & GARRATOI | N PACHECO, MARTA JOSEFINA | Chapter 13 | | |
| | Debtor(s) | | _ | | |
| | DISCLOSURE OF C | OMPENSATION OF ATTORNI | EY FOR DEBTOR | R | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2010 one year before the filing of the petition in bankruptcy, or of or in connection with the bankruptcy case is as follows: | agreed to be paid to me, for services rendered or | | | |
| | For legal services, I have agreed to accept | | | \$ | 3,000.00 |
| | Prior to the filing of this statement I have received | | | \$ | 119.00 |
| | Balance Due | | | \$ | 2,881.00 |
| 2. | The source of the compensation paid to me was: Det | otor Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: Det | otor Other (specify): | | | |
| 4. | I have not agreed to share the above-disclosed compe | ensation with any other person unless they are men | mbers and associates of my | law firm. | |
| | I have agreed to share the above-disclosed compensa together with a list of the names of the people sharing | | ers or associates of my law | firm. A copy of | of the agreement, |
| 5. | In return for the above-disclosed fee, I have agreed to rend | ler legal service for all aspects of the bankruptcy of | ase, including: | | |
| | a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credite d. Representation of the debtor in adversary proceeding e. [Other provisions as needed] | ement of affairs and plan which may be required; ors and confirmation hearing, and any adjourned h | | otey; | |
| 6. | By agreement with the debtor(s), the above disclosed fee of | does not include the following services: | | | |
| _ | | | | | |
| ı | certify that the foregoing is a complete statement of any agroceeding. | CERTIFICATION reement or arrangement for payment to me for rep | resentation of the debtor(s) |) in this bankru | ptcy |
| | May 1, 2012 | /s/ Roberto Figueroa Carrasquillo, | Esq. | | |
| | Date | Roberto Figueroa Carrasquillo, Esq. USDC 203614 R. Figueroa Carrasquillo Law Office PO Box 193677 San Juan, PR 00919-3677 (787) 744-7699 Fax: (787) 746-5294 rfigueroa@rfclawpr.com | | | |

B1D (Official Form 1, Exhibit D) (12/09)

Case:12-03428-ESL7 Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main

Document Page 5 of 51 United States Bankruptcy Court **District of Puerto Rico**

| IN RE: | Case No. |
|--|--------------|
| GUADALUPE SANTALIZ, RUBEN | Chapter 13 |
| Debtor(s) | • |
| EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF | F COMPLIANCE |

CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot

| do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities. |
|---|
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed. |
| 1. Within the 180 days before the filing of my bankruptcy case , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency. |
| 2. Within the 180 days before the filing of my bankruptcy case , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed. |
| □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] |
| |
| If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] |
| Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); Active military duty in a military combat zone. |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. |

I certify under penalty of perjury that the information provided above is true and correct.

| Signature of Debtor: | /s/ RUBEN GUADALUPE SANTALIZ |
|----------------------|------------------------------|
| | |

Date: **May 1, 2012**

Document Page 6 of 51

Certificate Number: 00301-PR-CC-017885967



CERTIFICATE OF COUNSELING

I CERTIFY that on April 12, 2012, at 12:06 o'clock PM EDT, RUBEN GUADALUPE SANTALIZ received from InCharge Debt Solutions, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Puerto Rico, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 12, 2012 By: /s/Monica Petersson

Name: Monica Petersson

Title: Certified Bankruptcy Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

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Date: May 1, 2012

District of Puerto Rico

| IN RE: | Case No |
|--|---|
| GARRATON PACHECO, MARTA JOSEFINA | Chapter 13 |
| Debtor(s) | • |
| EXHIBIT D - INDIVIDUAL DEBTOR'S STA CREDIT COUNSELING RI | |
| Warning: You must be able to check truthfully one of the five statement do so, you are not eligible to file a bankruptcy case, and the court can do whatever filing fee you paid, and your creditors will be able to resume and you file another bankruptcy case later, you may be required to pay to stop creditors' collection activities. | lismiss any case you do file. If that happens, you will lose collection activities against you. If your case is dismissed |
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each one of the five statements below and attach any documents as directed. | ch spouse must complete and file a separate Exhibit D. Check |
| ✓ 1. Within the 180 days before the filing of my bankruptcy case , I rece the United States trustee or bankruptcy administrator that outlined the opp performing a related budget analysis, and I have a certificate from the agency certificate and a copy of any debt repayment plan developed through the agency of the state of the | ortunities for available credit counseling and assisted me in y describing the services provided to me. Attach a copy of the |
| 2. Within the 180 days before the filing of my bankruptcy case , I rece the United States trustee or bankruptcy administrator that outlined the oppoperforming a related budget analysis, but I do not have a certificate from the a copy of a certificate from the agency describing the services provided to ye the agency no later than 14 days after your bankruptcy case is filed. | ortunities for available credit counseling and assisted me in agency describing the services provided to me. You must file |
| ☐ 3. I certify that I requested credit counseling services from an approved a days from the time I made my request, and the following exigent circum requirement so I can file my bankruptcy case now. [Summarize exigent circ | nstances merit a temporary waiver of the credit counseling |
| If your certification is satisfactory to the court, you must still obtain th you file your bankruptcy petition and promptly file a certificate from the of any debt management plan developed through the agency. Failure to case. Any extension of the 30-day deadline can be granted only for caus also be dismissed if the court is not satisfied with your reasons for filic counseling briefing. | agency that provided the counseling, together with a copy fulfill these requirements may result in dismissal of your se and is limited to a maximum of 15 days. Your case may |
| 4. I am not required to receive a credit counseling briefing because of: [Comotion for determination by the court.] | |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reasor of realizing and making rational decisions with respect to financial r | |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impair participate in a credit counseling briefing in person, by telephone, or Active military duty in a military combat zone. | |
| 5. The United States trustee or bankruptcy administrator has determined does not apply in this district. | that the credit counseling requirement of 11 U.S.C. § 109(h) |
| I certify under penalty of perjury that the information provided above | is true and correct. |
| Signature of Debtor: /s/ MARTA JOSEFINA GARRATON PACHECO | |

Document Page 8 of 51

Certificate Number: 00301-PR-CC-017885969

CERTIFICATE OF COUNSELING

I CERTIFY that on April 12, 2012, at 12:06 o'clock PM EDT, MARTA GARRATON PACHECO received from InCharge Debt Solutions, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Puerto Rico, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 12, 2012 By: /s/Monica Petersson

Name: Monica Petersson

Title: Certified Bankruptcy Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

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B22C (Official Form 22C) (Chapter 13) (12/10)

According to the calculations required by this statement:

The applicable commitment period is 3 years.

The applicable commitment period is 5 years.

The applicable commitment period is 5 years.

Debtor(s)

Case Number:

Disposable income is determined under § 1325(b)(3).

Disposable income is not determined under § 1325(b)(3).

Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | | Part I. REP | ORT OF INCOME | | |
|---|-----------------------|--|---|--------------------------|--------------------------------|
| | a. [| ital/filing status. Check the box that applies and c ☐ Unmarried. Complete only Column A ("Debt ☑ Married. Complete both Column A ("Debtor | or's Income") for Lines 2-10. | | |
| 1 | the s | igures must reflect average monthly income receiving calendar months prior to filing the bankruptcy of the before the filing. If the amount of monthly income divide the six-month total by six, and enter the results. | ase, ending on the last day of the ne varied during the six months, you | Column A Debtor's Income | Column B Spouse's Income |
| 2 | Gros | ss wages, salary, tips, bonuses, overtime, commi | ssions. | \$ 6,502.88 | \$ |
| 3 | a and one l | me from the operation of a business, profession d enter the difference in the appropriate column(s) business, profession or farm, enter aggregate numb hment. Do not enter a number less than zero. Do no nses entered on Line b as a deduction in Part I | of Line 3. If you operate more than pers and provide details on an oot include any part of the business | | |
| | a. | Gross receipts | \$ | | |
| | b. | Ordinary and necessary operating expenses | \$ | | |
| | c. | Business income | Subtract Line b from Line a | \$ | \$ |
| 4 | diffe | t and other real property income. Subtract Line rence in the appropriate column(s) of Line 4. Do not not not any part of the operating expenses enter IV. Gross receipts | | | |
| | b. | Ordinary and necessary operating expenses | \$ | | |
| | c. | Rent and other real property income | Subtract Line b from Line a | \$ | \$ |
| 5 | Inte | rest, dividends, and royalties. | | \$ | \$ |
| 6 | Pens | ion and retirement income. | | \$ | \$ |
| 7 | expe that by th | amounts paid by another person or entity, on a nses of the debtor or the debtor's dependents, i purpose. Do not include alimony or separate maine debtor's spouse. Each regular payment should be nent is listed in Column A, do not report that payment should be not payment shoul | ncluding child support paid for ntenance payments or amounts paid e reported in only one column; if a | \$ | \$ |

Case:12-03428-ESL7 Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main Document Page 10 of 51 **B22C** (Official Form 22C) (Chapter 13) (12/10) **Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: 8 Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$ \$ Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim 9 of international or domestic terrorism. \$ b. \$ Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 10 through 9 in Column B. Enter the total(s). \$ 6,502.88 Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, 11 and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. 6,502.88 Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD \$ 12 Enter the amount from Line 11. 6,502.88 Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this 13 adjustment do not apply, enter zero. a. \$ b. \$ \$ Total and enter on Line 13. \$ 0.00 \$ 14 Subtract Line 13 from Line 12 and enter the result. 6,502.88 Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 15 12 and enter the result. 78,034.56 Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of 16 the bankruptcy court.) a. Enter debtor's state of residence: **Puerto Rico** b. Enter debtor's household size: 5 36,217.00 Application of § 1325(b)(4). Check the applicable box and proceed as directed.

17

The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.

The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

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| 18 | _ | | | | | | Φ. | |
|------------|--|--|--|---|--|---|-----------------|-----------|
| 10 | | the amount from Line 11. | | | | | \$ | 6,502.88 |
| 19 | total o expense Colum than the necessing a. b. c. | al adjustment. If you are mannif any income listed in Line 10, sees of the debtor or the debtor's in B income (such as payment ne debtor or the debtor's dependancy, list additional adjustments ply, enter zero. | s dependents. Sport the spouse's tandents) and the an | vas NO ecify ir ax liabi nount o | T paid on a regular basis for to the lines below the basis for lity or the spouse's support of f income devoted to each purhe conditions for entering this | he household excluding the persons other pose. If | \$ | 0.00 |
| 20 | | ent monthly income for § 132 | 5(b)(3). Subtract | Line 1 | 9 from Line 18 and enter the 1 | esult. | \$ | 6,502.88 |
| 21 | Annua | alized current monthly incon | | | | | \$ | 78,034.56 |
| 22 | | cable median family income. | Enter the amount | t from l | Line 16. | | \$ | 36,217.00 |
| 23 | TI un de | cation of § 1325(b)(3). Check the amount on Line 21 is more ider § 1325(b)(3)" at the top of the amount on Line 21 is not re- termined under § 1325(b)(3)" complete Parts IV, V, or VI. | e than the amount f page 1 of this standard than the ar | nt on I atemen nount | ine 22. Check the box for "D t and complete the remaining on Line 22. Check the box for | parts of this stater "Disposable inco | nent. ome is | s not |
| | | Part IV. CALCULAT | | | | | | |
| | | | FION OF DED | UCTI | ONS ALLOWED UNDE | R § 707(b)(2) | | |
| | | | | | ONS ALLOWED UNDE | | | |
| 24A | miscel Expen from to curren | | and services, ho e "Total" amount of persons. (This rt.) The applicabl | dards ousekee t from I inform | of the Internal Revenue Ser eping supplies, personal care RS National Standards for Al ation is available at www.usd per of persons is the number the | vice (IRS) e, and lowable Living oj.gov/ust/ or nat would | \$ | 1,731.00 |
| 24A 24B | miscel Expen from the curren depende Nation Out-of Out-of www.t person years of catego of any person person | Subpart A: Deduct nal Standards: food, apparel llaneous. Enter in Line 24A th ises for the applicable number the clerk of the bankruptcy countly be allowed as exemptions of | and services, ho e "Total" amount of persons. (This rt.) The applicable on your federal in Enter in Line a1 be ns under 65 years ns 65 years of ag k of the bankrupte ge, and enter in L e number of person you support.) Mu tt in Line c1. Mul esult in Line c2. | dards busekee t from I inform le numb come t elow the s of age e or old cy cour ine b2 ons in e ons on y ltiply I tiply L | eping supplies, personal care RS National Standards for Al ation is available at www.usd www.usd wer of persons is the number of ax return, plus the number of ax return, plus the number of the amount from IRS National (a), and in Line a2 the IRS National (b). Enter in Line b1 the applicate applicable number of personal action as a category is the number our federal income tax return, tine a1 by Line b1 to obtain a tine a2 by Line b2 to obtain a | vice (IRS) a, and lowable Living oj.gov/ust/ or nat would any additional Standards for onal Standards for oble at able number of ons who are 65 er in that plus the number total amount for otal amount for | | 1,731.00 |
| | miscel Expen from the curren depend Nation Out-of Out-of www.t person years of catego of any person amoun | Subpart A: Deductional Standards: food, apparel llaneous. Enter in Line 24A the sess for the applicable number the clerk of the bankruptcy country be allowed as exemptions of dents whom you support. Inal Standards: health care. Effect Health Care for persoff-Pocket Health Care | and services, ho e "Total" amount of persons. (This rt.) The applicable on your federal in Enter in Line a1 be ns under 65 years ns 65 years of ag k of the bankrupte ge, and enter in L e number of person you support.) Mu tt in Line c1. Mul esult in Line c2. | dards busekee t from I inform le numb come t elow the s of age e or old cy cour ine b2 ons in e ns on y ltiply L tiply L Add Lin | eping supplies, personal care RS National Standards for Al ation is available at www.usd www.usd wer of persons is the number of ax return, plus the number of ax return, plus the number of the amount from IRS National (a), and in Line a2 the IRS National (b). Enter in Line b1 the applicate applicable number of personal action as a category is the number our federal income tax return, tine a1 by Line b1 to obtain a tine a2 by Line b2 to obtain a | vice (IRS) a, and lowable Living oj.gov/ust/ or nat would any additional Standards for onal Standards for oble at able number of ons who are 65 er in that plus the number total amount for otal amount for | | 1,731.00 |
| | miscel Expen from the curren depend Nation Out-of Out-of www.t person years of catego of any person amoun | Subpart A: Deductional Standards: food, apparel llaneous. Enter in Line 24A the lases for the applicable number the clerk of the bankruptcy country be allowed as exemptions of dents whom you support. In al Standards: health care. Effect Health Care for persongusdoj.gov/ust/ or from the clerk as who are under 65 years of agof age or older. (The applicable or you that would currently be allowed additional dependents whom you support and the result in Line 20 and enter the result in Line 20 and enter the result in Line 20 and 10 a | and services, ho e "Total" amount of persons. (This rt.) The applicable on your federal in Enter in Line a1 be ns under 65 years ns 65 years of ag k of the bankrupte ge, and enter in L e number of person you support.) Mu tt in Line c1. Mul esult in Line c2. | dards busekee t from I inform le numb come t elow the s of age e or old cy cour ine b2 ons in e ns on y ltiply L tiply L Add Lin | eping supplies, personal care RS National Standards for Al ation is available at www.usd ber of persons is the number of ax return, plus the number of ax and in Line a2 the IRS National cler. (This information is availa t.) Enter in Line b1 the applica the applicable number of persons ach age category is the numb our federal income tax return, aine a1 by Line b1 to obtain a tine a2 by Line b2 to obtain a total | vice (IRS) a, and lowable Living oj.gov/ust/ or nat would any additional Standards for onal Standards for oble at able number of ons who are 65 er in that plus the number total amount for otal amount for | | 1,731.00 |
| | miscel Expen from the current dependence of Section 19 person person amour Person 19 p | Subpart A: Deductional Standards: food, apparel llaneous. Enter in Line 24A the lases for the applicable number the clerk of the bankruptcy country be allowed as exemptions of dents whom you support. In al Standards: health care. Effected Health Care for person as defined by the clerk of the clerk of the clerk of age or older. (The applicable or young that would currently be allowed additional dependents whom you sunder 65, and enter the result is 65 and older, and enter the result in Line 200 ons under 65 years of age | and services, hoe "Total" amount of persons. (This rt.) The applicable on your federal in Enter in Line a1 bens under 65 years of age to 65 years of age to 65 years of age and enter in Le number of persons as exemption you support.) Must in Line c1. Mule esult in Line c2. A 24B. | dards ousekee t from I inform le numb come t elow the s of age e or old cy cour ine b2 ons in e ns on y ltiply Li Add Li Pers | eping supplies, personal care RS National Standards for Al ation is available at www.usd ber of persons is the number of ax return, plus the number of e amount from IRS National e, and in Line a2 the IRS National eler. (This information is availa et.) Enter in Line b1 the applica the applicable number of personach age category is the number our federal income tax return, aine a1 by Line b1 to obtain a tine a2 by Line b2 to obtain a total ons 65 years of age or older | vice (IRS) e, and lowable Living oj.gov/ust/ or nat would any additional Standards for onal Standards for able at able number of ons who are 65 er in that plus the number total amount for otal amount for health care | | 1,731.00 |

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B22C (Official Form 22C) (Chapter 13) (12/10)

| | l - | T. (1) T. | | | |
|-----|---|--|--|----|--------|
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | 616.00 |
| 25B | the II information famile tax returned the A | I Standards: housing and utilities; mortgage/rent expense. Enter, it RS Housing and Utilities Standards; mortgage/rent expense for your comation is available at www.usdoj.gov/ust/ or from the clerk of the bandy size consists of the number that would currently be allowed as exemple turn, plus the number of any additional dependents whom you support werage Monthly Payments for any debts secured by your home, as stated and enter the result in Line 25B. Do not enter an amount less | county and family size (this kruptcy court) (The applicable aptions on your federal income t.); enter on Line b the total of ted in Line 47; subtract Line b | | |
| | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ 1,090.00 | | |
| | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ 963.00 | | |
| | c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ | 127.00 |
| 26 | for ye | our contention in the space below: | | ¢ | |
| | an ex | | | \$ | |
| | and i | I Standards: transportation; vehicle operation/public transportation; pense allowance in this category regardless of whether you pay the exegardless of whether you use public transportation. | | | |
| | Chec | pense allowance in this category regardless of whether you pay the ex | penses of operating a vehicle for which the operating | | |
| 27A | Chec | pense allowance in this category regardless of whether you pay the exegardless of whether you use public transportation. k the number of vehicles for which you pay the operating expenses or | penses of operating a vehicle for which the operating | | |
| 27A | Chece experiments of the control of | spense allowance in this category regardless of whether you pay the exegardless of whether you use public transportation. k the number of vehicles for which you pay the operating expenses or uses are included as a contribution to your household expenses in Line | for which the operating a vehicle of the operation and the operation and the operation are operating a vehicle of the operation and the operation and the operation and the operation are operating a vehicle of the operation and the operation and the operation are operation as a vehicle of the operation and the operation and the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation and the operation are operation as a vehicle of the operation are operation as a vehicle o | \$ | 278.00 |

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B22C (Official Form 22C) (Chapter 13) (12/10)

| Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 47 Subtract Line b from Line a Tother Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend fo | | | | | | | | |
|---|--------|--|--|----|--|--|--|--|
| Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 47 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a house and enter the result in Line 29. Do not enter an amount less than zero. Cher Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter | | | which you claim an ownership/lease expense. (You may not claim an ownership/lease) | | | | | |
| Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 517.00 Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 47 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 47; subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as woluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that yo | | | $\boxed{1}$ 2 or more. | | | | | |
| Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 47 c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; stated in Line 47; stated in Line 47 by this stated and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of child. Enter the total average monthly amount that you ac | | ankruptcy court); enter in Line bele 1, as stated in Line 47; | Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; | | | | | |
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| Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total avera | | \$ | Average Monthly Payment for any debts secured by Vehicle 1, as | | | | | |
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| Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of | | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; | | | | | | |
| b. stated in Line 47 \$ Subtract Line b from Line a \$ Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of | | \$ | a. IRS Transportation Standards, Ownership Costs | | | | | |
| Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of | | \$ 137.35 | | | | | | |
| federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of | | \$ Subtract Line b from Line a | c. Net ownership/lease expense for Vehicle 2 | | | | | |
| deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of | 414.01 | \$ s income taxes, self-employment | federal, state, and local taxes, other than real estate and sales taxes, such as | 30 | | | | |
| for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of | | \$ ement contributions, union dues, | deductions that are required for your employment, such as mandatory retire | 31 | | | | |
| required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. State of the Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of | | \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for | | | | | | |
| child. Enter the total average monthly amount that you actually expend for education that is a condition of | | \$ uch as spousal or child support | required to pay pursuant to the order of a court or administrative agency, so | 33 | | | | |
| employment and for education that is required for a physically or mentally challenged dependent child for | 60.00 | \$ child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for | | | | | | |
| Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. | | \$ on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational | | | | | | |
| Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. | 224.62 | \$ expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in | | | | | | |
| Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfage or that of your dependents. Do not include any amount previously | | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone | | | | | | |
| | 230.00 | | | | | | | |

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| 38 | Tota | l Expenses Allowed under IRS Standards. Ente | er the total of Lines 24 | through 37. | \$ | 4,360.28 |
|----|---------------------------------|---|--|--|------|----------|
| | | Subpart B: Additional Ex Note: Do not include any expe | | | | |
| | expe | Ith Insurance, Disability Insurance, and Health nses in the categories set out in lines a-c below the se, or your dependents. | | | | |
| | a. | Health Insurance | \$ | 158.88 | | |
| | b. | Disability Insurance | \$ | | | |
| 39 | c. | Health Savings Account | \$ | | | |
| | Tota | l and enter on Line 39 | | | \$ | 158.88 |
| | | ou do not actually expend this total amount, state pace below: | e your actual total ave | rage monthly expenditures | in | |
| 40 | mont elder | tinued contributions to the care of household of thly expenses that you will continue to pay for the rly, chronically ill, or disabled member of your houle to pay for such expenses. Do not include payn | reasonable and necess usehold or member of | ary care and support of an your immediate family who | | |
| 41 | you a Serv | ection against family violence. Enter the total avactually incur to maintain the safety of your family ices Act or other applicable federal law. The natural dential by the court. | under the Family Vio | lence Prevention and | t \$ | |
| 42 | Loca prov | ne energy costs. Enter the total average monthly a all Standards for Housing and Utilities, that you act wide your case trustee with documentation of you the additional amount claimed is reasonable and | ually expend for home our actual expenses, a | energy costs. You must | | |
| 43 | actua secon trus t | cation expenses for dependent children under 1 ally incur, not to exceed \$147.92 per child, for attendary school by your dependent children less than tee with documentation of your actual expenses asonable and necessary and not already account | endance at a private or 18 years of age. You : 5, and you must expla | public elementary or must provide your case in why the amount claims | | 443.76 |
| 44 | cloth Natio | itional food and clothing expense. Enter the total ning expenses exceed the combined allowances for onal Standards, not to exceed 5% of those combined v.usdoj.gov/ust/ or from the clerk of the bankrupto tional amount claimed is reasonable and necess | food and clothing (ap ed allowances. (This in y court.) You must de | parel and services) in the Il nformation is available at | | |
| | chari | ritable contributions. Enter the amount reasonabitable contributions in the form of cash or financia U.S.C. § 170(c)(1)-(2). Do not include any amount | l instruments to a char | itable organization as defin | ed | |
| 45 | inco | | Table in excess of 15 70 | 01 y 041 g1 000 1110110111y | \$ | |

| | | | Subpart C | : Deductions for De | ebt Pay | ment | | | | |
|----|--|---|--|---|----------------------------------|---|----------------------------|--------------------------------------|----|-------------------|
| | you of Paym the to follow | re payments on secured claim own, list the name of the credito nent, and check whether the pay otal of all amounts scheduled as wing the filing of the bankruptc. Enter the total of the Average | r, identify t ment include contractual y case, divi | he property securing les taxes or insuranc lly due to each Secur ded by 60. If necessa | the debe e. The A red Cred | ot, state the A Average Moditor in the 6 | Average nthly Pay 00 month | Monthly yment is s | | |
| 47 | | Name of Creditor | | Securing the Debt | | Average Monthly Payment | includ | s payment e taxes or nsurance? | | |
| | a. | BANCO POPULAR DE PR | Residen | ice | \$ | 963.00 | ☐ ye: | s 🗹 no | | |
| | b. | FIRST BANK | Automo | bile (2) | \$ | 137.35 | ☐ yes | s 🗹 no | | |
| | c. | HACIENDA PRIMAVERA | - | | \$ | 116.83 | ☐ yes | s 🗹 no | | |
| | | | | Total: Ad | ld lines | a, b and c. | | | \$ | 1,217.18 |
| 48 | creditor in addition to the payments listed in Line 47, in order to maintain possicure amount would include any sums in default that must be paid in order to a foreclosure. List and total any such amounts in the following chart. If necessar separate page. | | | | | | ssession litional e | or | | |
| .0 | | Name of Creditor | | Property Securing t | the Deb | t | | e Amount | | |
| | a. | BANCO POPULAR DE PR | | Residence | | | \$ | 201.05 | | |
| | b. | | | | | | \$ | | | |
| | c. | | | | | | \$ | | | |
| | | | | | | Total: Ac | dd lines a | a, b and c. | \$ | 201.05 |
| 49 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. | | | | | | \$ | 76.22 | | |
| | Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. | | | | | | | | | |
| | a. Projected average monthly Chapter 13 pl | | an payment. | \$ | | 700.00 | | | | |
| 50 | b. Current multiplier for your district as deter schedules issued by the Executive Office for Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the court.) | | | for United States t | X | | 7.6% | | | |
| | c. Average monthly administrative expense of Chapter 13 Total: Multiply Lines a and b | | | | | | | | | |
| | | case | | | | | | | \$ | 53.20 |
| 51 | Total | Deductions for Debt Payment. E | nter the tot | al of Lines 47 throug | | | | | \$ | 53.20 1,547.65 |

6,510.57

Total of all deductions from income. Enter the total of Lines 38, 46, and 51.

52

| | | ERMINATION OF DISPOSABLE INCOME UNDE | • ()(-) | | |
|----|--|--|---|---------|----------|
| 53 | Total current monthly inc | ome. Enter the amount from Line 20. | | \$ | 6,502.88 |
| 54 | disability payments for a de | monthly average of any child support payments, foster care pendent child, reported in Part I, that you received in accordaw, to the extent reasonably necessary to be expended for such | ance with | \$ | |
| 55 | from wages as contributions | ctions. Enter the monthly total of (a) all amounts withheld by a for qualified retirement plans, as specified in § 541(b)(7) are tirement plans, as specified in § 362(b)(19). | | \$ | |
| 56 | Total of all deductions allo | owed under § 707(b)(2). Enter the amount from Line 52. | | \$ | 6,510.57 |
| | for which there is no reason in lines a-c below. If necessitotal in Line 57. You must p | amstances. If there are special circumstances that justify add able alternative, describe the special circumstances and the reary, list additional entries on a separate page. Total the expension of the special circumstances that make such expenses necessity. | esulting expenses asses and enter the es and you must | | |
| 57 | Nature of special circ | eumstances | Amount of expense | | |
| | a. | | \$ | | |
| | b. | | \$ | | |
| | c. | | \$ | | |
| | | Total: Add | Lines a, b, and c | \$ | |
| 58 | Total adjustments to deter enter the result. | rmine disposable income. Add the amounts on Lines 54, 55, | 56, and 57 and | \$ | 6,510.57 |
| 59 | Monthly Disposable Incom | ne Under § 1325(b)(2). Subtract Line 58 from Line 53 and e | nter the result. | \$ | -7.69 |
| | | Part VI. ADDITIONAL EXPENSE CLAIMS | | | |
| | and welfare of you and your income under § 707(b)(2)(A | escribe any monthly expenses, not otherwise stated in this for family and that you contend should be an additional deduction (iii)(I). If necessary, list additional sources on a separate page each item. Total the expenses. | on from your curre | nt mon | thly |
| | Expense Description | | Monthly A | mount | : |
| 60 | a. | | \$ | | |
| | b. | | \$ | | |
| | c. | | \$ | | |
| | | Total: Add Lines a, b an | dc \$ | | |
| | | Part VII. VERIFICATION | | | |
| | I declare under penalty of pe | erjury that the information provided in this statement is true a | nd correct. (If this a | ı joint | case, |
| 61 | Date: May 1, 2012 | Signature: /s/ RUBEN GUADALUPE SANTALIZ (Debtor) | | | |
| | | | | | |
| | Date: May 1, 2012 | Signature: /s/ MARTA JOSEFINA GARRATON PACE | IFCO | | |

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$46 administrative fee: Total fee \$1046)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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| IN RE: | Case No |
|--|------------|
| GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA | Chapter 13 |
| Debtor(s) | • |

| CERTIFICATION OF NOTICE UNDER § 342(b) OF THE | | |
|---|---|---|
| Certificate of [Non-Attorney] | Bankruptcy Petition Preparer | |
| I, the [non-attorney] bankruptcy petition preparer signing the debtor notice, as required by § 342(b) of the Bankruptcy Code. | 's petition, hereby certify that I delivered to the debtor | the attached |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | Social Security number (If the least petition preparer is not an indiversity the Social Security number of the principal, responsible person, of the bankruptcy petition preparer | vidual, state he officer, or partner of |
| X | (Required by 11 U.S.C. § 110.) | |
| Certificate o | f the Debtor | |
| I (We), the debtor(s), affirm that I (we) have received and read the a | attached notice, as required by § 342(b) of the Bankrupt | tcy Code. |
| GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, M. | X /s/ RUBEN GUADALUPE SANTALIZ | 5/01/2012 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X /s/ MARTA JOSEFINA GARRATON PACHECO | 5/01/2012 |
| | Signature of Joint Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B6 Summary (Form 6 - Summary) (1207) 7 Do

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| IN RE: | Case No |
|--|------------|
| GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA | Chapter 13 |
| Debtor(s) | • |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property | Yes | 1 | \$ 180,000.00 | | |
| B - Personal Property | Yes | 3 | \$ 18,541.25 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 2 | | \$ 193,004.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | \$ 4,573.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 8 | | \$ 160,726.99 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 4,837.85 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | \$ 4,137.85 |
| | TOTAL | 22 | \$ 198,541.25 | \$ 358,303.99 | |

Form 6 - Case: 12-03428 ESL7 Doc#:1 Filed: 05/01/12 Entered: 05/01/12 15:22:34 Desc: Main

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| IN RE: | Case No. |
|--|------------|
| GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA | Chapter 13 |
| Debtor(s) | • |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 4,573.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 4,573.00 |

State the following:

| Average Income (from Schedule I, Line 16) | \$ 4,837.85 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18) | \$ 4,137.85 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C | |
| Line 20) | \$ 6,502.88 |

State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 4,763.00 |
|--|----------------|------------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 4,573.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 160,726.99 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 165,489.99 |

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Case No.

(If known)

Debtor(s)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property.'

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY NATURE OF DEBTORS DITTIBLEST IN PROPERTY NATURE OF DEBTORS DITTIBLEST IN PROPERTY WITHOUT DEDUCCING ANY BENCHMAN OF PROPERTY NATURE OF DEBTORS IN PROPERTY IN PROPER | | 1 | | | 1 |
|--|--|--|---------------------------------------|---|------------|
| Austral Street, Cidra, Puerto Rico. This property consists of three (3) bedrooms, two (2) bathrooms, living room, dining | DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR | |
| Austral Street, Cidra, Puerto Rico. This property consists of three (3) bedrooms, two (2) bathrooms, living room, dining | Posidential property located at Hasianda Brimayara AA 45 | | | 190 000 00 | 194 762 00 |
| three (3) bedrooms, two (2) bathrooms, living room, dining | Austral Street Cidra Puerto Rico This property consists of | | J | 100,000.00 | 104,703.00 |
| room, kitchen and garage. | three (3) bedrooms, two (2) bathrooms, living room, dining | | | | |
| | room, kitchen and garage. | | | | |
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TOTAL

180.000.00

(Report also on Summary of Schedules)

Page 23 of 51 Document

Case No.

Desc: Main

(If known)

Debtor(s)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | TYPE OF PROPERTY | N O N E | HUSBAND. WHEE, JOHN TO THE JOHN TO THE JOHN THE JOHN TO THE JOHN T | | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|-----|---|------------------|--|---|--|
| 1. | Cash on hand. | Х | | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, | | First Bank Account: 6797 Checks | J | 0.00 |
| | thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | First Bank Account: 3832 Checks | J | 0.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. | Household goods and furnishings, include audio, video, and computer equipment. | | Misc. Household Goods and Furnishings | J | 2,500.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. | Wearing apparel. | | Clothes and personal effects | J | 1,000.00 |
| 7. | Furs and jewelry. | | Miscellaneus used jewerly | J | 1,500.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. | Annuities. Itemize and name each issue. | X | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401K | J | 195.25 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
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B6B (Official Form 6B) (12/07)-Com. Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main

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IN RE GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA

_ Case No. _

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments. | Х | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | | 2010 Dodge Caliber | J | 13,046.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | | Dog (Golden Retriever) | J | 300.00 |
| | Crops - growing or harvested. Give particulars. | X | | | |
| | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| | | | | | |

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Debtor(s)

Case No. _

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--------------------------------------|---------------------------------------|--|
| 35. Other personal property of any kind not already listed. Itemize. | X | | Н | |
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| 50c (Sincui i Gini Ge) (04/10) | [| Document | Pa | ge 26 of 51 | |

Debtor(s)

Case No.

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$146,450. *

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---------------------------------------|--------------------------------------|-------------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY | | | |
| Misc. Household Goods and Furnishings | 11 USC § 522(d)(3) | 2,500.00 | 2,500.00 |
| Clothes and personal effects | 11 USC § 522(d)(3) | 1,000.00 | 1,000.00 |
| Miscellaneus used jewerly | 11 USC § 522(d)(4) | 1,500.00 | 1,500.00 |
| 401K | 11 USC § 522(d)(12) | 195.25 | 195.25 |
| 2010 Dodge Caliber | 11 USC § 522(d)(2) | 4,805.00 | 13,046.00 |
| Dog (Golden Retriever) | 11 USC § 522(d)(3) | 300.00 | 300.00 |
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Case No.

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 5383 | | J | Mortgage account opened 10/10 | | | | 177,753.00 | |
| BANCO POPULAR DE PR PO BOX 363228 SAN JUAN, PR 00936-3228 | | | | | | | | |
| | | | VALUE \$ 180,000.00 | | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | | |
| MICHELLE PIRALLO DI CRISTINA PO BOX 192321 SAN JUAN, PR 00919-2321 | | | BANCO POPULAR DE PR | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. 8814 | | w | Installment account opened 4/07 | | | | 8,241.00 | |
| FIRST BANK PO BOX 19327 SAN JUAN, PR 00910-1427 | | | 2010 Dodge Caliber | | | | | |
| | | | VALUE \$ 13,046.00 | | | | | |
| ACCOUNT NO. 0096 | | J | Maintenance Fees | | | | 7,010.00 | 4,763.00 |
| HACIENDA PRIMAVERA PO BOX 4069 BAYAMON, PR 00958-1069 | | | | | | | | |
| | | | VALUE \$ 180,000.00 | 1 | | | | |
| 1 continuation sheets attached | | • | (Total of th | is p | _ | e) | \$ 193,004.00 | \$ 4,763.00 |
| | | | (Use only on la | | Tota page | | \$ | \$ |
| | | | | | | | (Report also on | (If applicable, report |

(Report also of Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

Document Page 28 of 51 IN RE GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA

_ Case No. _

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

| | | | (Continuation Sheet) | | | | | |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | | |
| PREFERRED HOME SERVICES PO BOX 4069 BAYAMON, PR 00958-1069 | | | HACIENDA PRIMAVERA | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | | |
| VILLANUEVA LOPEZ LAW OFFICES PO BOX 10441 SAN JUAN, PR 00922-0441 | | | HACIENDA PRIMAVERA | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | 1 | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | 1 | | | | |
| ACCOUNT NO. | | | • | | | | | |
| | | | | | | | | |
| | | | VALUE \$ | | | | | |
| Sheet no. 1 of 1 continuation sheets attack Schedule of Creditors Holding Secured Claims | ned | to | (Total of t | | | e) | \$ | \$ |
| | | | (Use only on l | | | | \$ 193,004.00 | \$ 4,763.00 |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.) B6E (Official Form CE) 103/1028-ESL7 Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main Document Page 29 of 51

IN RE GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA

Debtor(s)

(If known)

Case No.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. © 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). **Deposits by individuals** Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). **▼** Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Document Page 30 of 51 IN RE GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA

SEFINA Case No.

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

| (Type of Flority to Caused Street) | | | | | | | | | | |
|---|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|--------------------------------------|--|--|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY | |
| ACCOUNT NO. 8743 | | J | 2010, 2011 | П | | | | | | |
| DEPARTAMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902-4140 | | | | | | | 4,573.00 | 4,573.00 | | |
| ACCOUNT NO. | | | | П | | | , | , | | |
| | | | | | | | | | | |
| ACCOUNT NO. | | | | \vdash | | | | | | |
| | | | | | | | | | | |
| ACCOUNT NO. | - | | | \vdash | | | | | | |
| ACCOUNT NO. | | | | | | | | | | |
| ACCOUNT NO. | | | | H | | | | | | |
| | | | | | | | | | | |
| ACCOUNT NO. | | | | | | | | | | |
| Sheet no1 of1 continuation sheets | att | L ached | to | Sub | tota | L al | | | | |
| Schedule of Creditors Holding Unsecured Priority | Cla | aims | (Totals of th | is p | age | e) | \$ 4,573.00 | \$ 4,573.00 | \$ | |
| (Use only on last page of the comp | oleto | ed Scl | nedule E. Report also on the Summary of Sch | nedu | | .) | \$ 4,573.00 | | | |
| Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) \$ 4,573.00 \\$ | | | | | | | | | | |

B6F (Official Form 6F) (12/07) 8-ESL7 Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main Document Page 31 of 51

IN RE GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA Ca

Debtor(s)

Case No. ____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 4298 | | н | Open account opened 12/08 | | | | |
| AFNI ATT PO BOX 3427 BLOOMINGTON, IL 61702-3427 | | | | | | | 157.00 |
| ACCOUNT NO. 2101 | | J | | | | | |
| AFNI CENTENNIAL PO BOX 3427 BLOOMINGTON, IL 61702-3427 | | | | | | | 320.00 |
| ACCOUNT NO. 0043 | | Н | Open account opened 4/00 | | | | |
| AT&T 5407 ANDREWS HWY MIDLAND, TX 79706-2851 | | | | | | | 157.00 |
| ACCOUNT NO. 0001 | | J | Loan | | | | |
| BANCO POPULAR DE PR PO BOX 364445 SAN JUAN, PR 00936-4445 | | | | | | | 18 027 00 |
| | | | | L Sub | tot- | | 18,037.00 |
| 7 continuation sheets attached | | | (Total of th | is p | |) | \$ 18,671.00 |
| | | | (Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the St | | | | |
| | | | Summary of Certain Liabilities and Relate | | | | \$ |

Case No.

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIOUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|--|----------------|--------------|----------------|--------------------------|
| ACCOUNT NO. | | | Assignee or other notification for: | \dagger | | | |
| MAZA & GREEN PO BOX 364028 SAN JUAN, PR 00936-4028 | | | BANCO POPULAR DE PR | | | | |
| ACCOUNT NO. RODRIGUEZ FERNANDEZ LAW OFFICES PSC PO BOX 71418 SAN JUAN, PR 00936-8518 | | | Assignee or other notification for: BANCO POPULAR DE PR | | | | |
| ACCOUNT NO. 3615 | | Н | Open account opened 12/06 | + | | | |
| CENTENNIAL DE PR PO BOX 71514 SAN JUAN, PR 00936-8614 | | | | | | | 604.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | 004.00 |
| NATIONWIDE RECOVERY SYSTEMS ATT MOBILITY 2304 TARPLEY RD STE 134 CARROLLTON, TX 75006-2470 | | | CENTENNIAL DE PR | | | | |
| ACCOUNT NO. 9735 | | Н | Revolving account opened 8/04 | \top | | | |
| CITIFINANCIAL PO BOX 499 HANOVER, MD 21076-0499 | | | | | | | 444.00 |
| ACCOUNT NO. 7286 | | J | | + | | | 144.00 |
| COMMERCIAL RECOVERY SYSTEMS PO BOX 570909 DALLAS, TX 75357-0909 | | | | | | | 2 444 22 |
| ACCOUNT NO. 3615 | | J | | + | | | 2,411.22 |
| CRESCA CORP PMB 92 PO BOX 71325 SAN JUAN, PR 00936-8425 | | | | | | | 320.00 |
| Sheet no 1 of 7 continuation sheets attached to | _ | | | Sul | | | |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relationary | rt al Stati | Tot so o | al on al | \$ 3,479.22 \$ |

_ Case No. _

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | (1 | Continuation Sneet) | | | |
|--|----------|---------------------------------------|--|--------------------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | DISPLATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 8743 | | J | 1998, 2002, 2003, 2004, 2005, 2006 | | す | |
| DEPARTAMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902-4140 | | | | | | 28,199.37 |
| ACCOUNT NO. 0052 | | J | Medical Services | T | 7 | |
| DR MELVIN HERNANDEZ VIERA 315 AVE DOMENECH SAN JUAN, PR 00918-3513 | | | | | | 350.00 |
| ACCOUNT NO. 0002 | | Н | Open account opened 10/08 | | + | |
| ECMC 101 5TH ST E SAINT PAUL, MN 55101-1898 | | | | | | 15,233.00 |
| ACCOUNT NO. 0004 | | Н | Open account opened 10/08 | | 十 | |
| ECMC 101 5TH ST E SAINT PAUL, MN 55101-1898 | | | | | | 14,609.00 |
| ACCOUNT NO. 0001 | | Н | Open account opened 10/08 | ł | + | 14,609.00 |
| ECMC 101 5TH ST E SAINT PAUL, MN 55101-1898 | | •• | Open account opened 10/00 | | | 11,619.00 |
| ACCOUNT NO. 0003 | | Н | Open account opened 10/08 | | 十 | |
| ECMC 101 5TH ST E SAINT PAUL, MN 55101-1898 | | - | | | | 11,619.00 |
| ACCOUNT NO. 9583 | | J | | \dagger | + | ,510100 |
| FIRST NATIONAL COLLECTION BUREAU 610 WALTHAM WAY MCCARRAN, NV 89434-6695 | | | | | | 471.00 |
| Sheet no. 2 of 7 continuation sheets attached to | <u> </u> | | | tal | + | |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of this pag | ge) stal on cal | ! | 82,100.37 |

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_ Case No. _

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | | Continuation Sheet) | | | | |
|--|----------|---------------------------------------|---|------------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 1723 | | Н | Revolving account opened 11/06 | | | | |
| FIRST PREMIER BANK PO BOX 5147 SIOUX FALLS, SD 57117-5147 | • | | | | | | 471.00 |
| ACCOUNT NO. 3550 | | J | | + | | | 471.00 |
| GC SERVICES PO BOX 47455 JACKSONVILLE, FL 32247-7455 | | | | | | | 1,816.9 |
| ACCOUNT NO. 4451 | | J | | + | | | 1,010.30 |
| GC SERVICES PO BOX 47455 JACKSONVILLE, FL 32247-7525 | - | | | | | | 4 444 9 |
| ACCOUNT NO. 3775 | | J | | ╁ | | | 1,444.87 |
| LAURANCE A HECKER ATTORNEY AT LAW 2C S GOLD DR TRENTON, NJ 08691-1633 | - | | | | | | 2,223.24 |
| ACCOUNT NO. | | | Assignee or other notification for: | \dagger | | | 2,220.2 |
| CITIBANK NA PO BOX 364106 SAN JUAN, PR 00936-4106 | | | LAURANCE A HECKER | | | | |
| ACCOUNT NO. 6288 | | J | | + | | | |
| LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 CHICAGO, IL 60656-1490 | - | | | | | | |
| ACCOUNT NO. | \vdash | | Assignee or other notification for: | + | \vdash | - | 9,076.00 |
| TOYOTA FINANCIAL SERVICES PO BOX 71410 SAN JUAN, PR 00936-8510 | | | LEADING EDGE RECOVERY | | | | |
| Sheet no 3 of 7 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | _ | oag | e) | \$ 15,032.0° |
| | | | (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat | rt als Statis | stic | on al | \$ |

_ Case No. _

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | ((| Continuation Sheet) | | | | |
|--|----------|---------------------------------------|--|-----------------------------|--------------------|----------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 8354 | | J | | | | | |
| MRS ASSOCIATES INC 1930 OLNEY AVE CHERRY HILL, NJ 08003-2016 | | | | | | | 3,105.00 |
| ACCOUNT NO. 3981 | | J | Collection of Money | \vdash | | | 0,100.00 |
| OPERATING PARTNERS BANCO BILBAO VIZCAYA PO BOX 194499 SAN JUAN, PR 00919-4499 | | | Case No.: D2CM2010-0310 | | | | 4,721.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | , |
| BANCO BILBAO VIZCAYA ARGENTARIA PO BOX 364745 SAN JUAN, PR 00936-4745 | | | OPERATING PARTNERS | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | |
| CHARLENE RIVERA AGOSTO COND PUERTA REAL 834 ANASCO ST 305 SAN JUAN, PR 00924-2491 | | | OPERATING PARTNERS | | | | |
| ACCOUNT NO. LIZANDRA BERRIOS PACHECO PO BOX 366220 SAN JUAN, PR 00936-6220 | | | Assignee or other notification for: OPERATING PARTNERS | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | |
| SONIA DEL MAR 72 GEORGETTI ST SAN JUAN, PR 00925-3607 | | | OPERATING PARTNERS | | | | |
| ACCOUNT NO. 0326 | t | J | Collection of Money | | | Х | |
| OPERATING PARTNERS PO BOX 194499 SAN JUAN, PR 00919-4499 | | | | | | | 2 400 00 |
| Sheet no. 4 of 7 continuation sheets attached to | | L | | L Sub | tota | L al | 3,409.00 |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | is p T t als tatis | age Fota o o | e) al on al | \$ 11,235.00 \$ |

Debtor(s)

_ Case No. _

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|---|------------------|--------------|-----------|----------|-----------------------|
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | \vdash | |
| BANCO BILBAO VIZCAYA ARGENTARIA PO BOX 364745 SAN JUAN, PR 00936-4745 | | | OPERATING PARTNERS | | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | - | |
| CHARLENE RIVERA AGOSTO PO BOX 366220 SAN JUAN, PR 00936-6220 | | | OPERATING PARTNERS | | | | | |
| ACCOUNT NO. 0746 | | J | | | | | | |
| PARIS AUTO SALES PO BOX 352 BAYAMON, PR 00960-0352 | | | | | | | | 115.00 |
| ACCOUNT NO. 7135 | | J | Loan | + | | | | 110.00 |
| PORTFOLIO RECOVERY ASSOCIATES,LLC CITIFINANCIAL PO BOX 12914 NORFOLK, VA 23541-0914 | | | | | | | | 6,773.89 |
| ACCOUNT NO. 3812 | | J | Collection of Money | | | | | |
| PR ACQUISITIONS MONEY EXPRESS PO BOX 194499 SAN JUAN, PR 00919-4499 | | | Case No.: ECCI2008-00384 | | | | | 5,557.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | | 3,337.00 |
| DPTO DE TRANSPORTACION Y OBRAS PUBLICAS PO BOX 41269 SAN JUAN, PR 00940-1269 | | | PR ACQUISITIONS | | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | \vdash | |
| JAIME RUIZ SALDANA PMB 450 400 CALAF STREET SAN JUAN, PR 00918 | | | PR ACQUISITIONS | | | | | |
| Sheet no 5 of 7 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | pag | ge) | \$ | 12,445.89 |
| | | | (Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela | ort al: Stati | stic | on cal | \$ | |

Debtor(s)

__ Case No. _

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | ((| Continuation Sheet) | | | | |
|---|----------|---------------------------------------|--|--------------------|----------------------------|---------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. OPERATING PARTNERS PO BOX 194499 SAN JUAN, PR 00919-4499 | | | Assignee or other notification for: PR ACQUISITIONS | | | | |
| ACCOUNT NO. RUSH PARALEGAL SERVICES FOREST HILLS H-101 ATENA ST BAYAMON, PR 00959 | | | Assignee or other notification for: PR ACQUISITIONS | | | | |
| ACCOUNT NO. 9181 PR ACQUISITIONS PO BOX 71418 SAN JUAN, PR 00936-8518 | | J | Collection of Money | | | X | 4.007.05 |
| ACCOUNT NO. JAIME RUIZ SALDANA PMB 450 400 CALAF STREET SAN JUAN, PR 00918 | • | | Assignee or other notification for: PR ACQUISITIONS | | | | 4,687.35 |
| ACCOUNT NO. 0019 SAN JUAN CAPESTRANO RR 2 BOX 11 SAN JUAN, PR 00926-9767 | - | J | Medical Services | | | | 4 222 22 |
| ACCOUNT NO. 0212 T-MOBILE PO BOX 660252 DALLAS, TX 75266-0252 | | W | Open account opened 8/09 | | | | 1,696.00 |
| ACCOUNT NO. T-MOBILE FINANCIAL PO BOX 2400 YOUNG AMERICA, MN 55553-2400 | | | Assignee or other notification for: T-MOBILE | | | | 983.00 |
| Sheet no. 6 of 7 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Stammary of Certain Liabilities and Related | T also tatis | age Tota o o tica | e) ul n ul | \$ 7,366.35 |

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

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|---|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 4859 | | J | Deficiency | + | | | |
| TOYOTA FINANCIAL SERVICES PO BOX 71410 SAN JUAN, PR 00936-8510 | | | 2004 Toyota Sienna | | | | 9,076.00 |
| ACCOUNT NO. 7509 | | J | Medical Services | + | | | 3,07 3.00 |
| TRANSWORLD SYSTEMS INC PO BOX 12103 TRENTON, NJ 08650-2103 | - | | | | | | 77.05 |
| | | | Medical Services | + | | | 77.05 |
| ACCOUNT NO. 0001 TRANSWORLD SYSTEMS INC PO BOX 12103 TRENTON, NJ 08650-2103 | | J | Medical Services | | | | 134.10 |
| ACCOUNT NO. 2106 | | J | Revolving account opened 5/10 | + | | | 104.10 |
| WFNNB/TREK PO BOX 2974 SHAWNEE MISSION, KS 66201-1374 | - | | | | | | 810.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | 010.00 |
| STOKES AND CLINTON PO BOX 991801 MOBILE, AL 36691-8801 | - | | WFNNB/TREK | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | |
| WORLD FINANCIAL NETWORK BANK PO BOX 182125 COLUMBUS, OH 43218-2125 | - | | WFNNB/TREK | | | | |
| ACCOUNT NO. 0103 | | J | | + | | | |
| YIYI MOTORS INC PO BOX 352 BAYAMON, PR 00960-0352 | | | | | | | |
| C. 7 | | | | | L | | 300.00 |
| Sheet no. 7 of 7 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of (Use only on last page of the completed Schedule F. Repo | 7 | oag Tot | e) al | \$ 10,397.15 |
| | | | the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relation | Statis | stic | al | \$ 160,726.99 |

| RGC (OffiCase:12-03428-ESL7 | Doc#:1 | Filed:05/01 | /12 | Entered:05/01/12 15:22:34 | Desc: Main |
|----------------------------------|--------|-------------|-----|---------------------------|------------|
| 200 (Olikiai 1 01iii 00) (12/07) | | Document | Pag | ae 39 of 51 | |

RRATON PACHECO, MARTA JOSEFINA Case No.

Debtor(s)

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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IN RE GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA

Case No.

(If known)

Debtor(s)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
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Debtor(s)

Case No.

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status | | DEPENDENTS OF DEBTOR AND SPOUSE | | | | | |
|---|--|---|--------------|----------------------------------|---------------------------------------|------------------------------------|--------------|
| Married RELATIONSHIP(S): Son Son Son | | | | | | AGE(S): 13 9 7 | |
| EMPLOYMENT: | | DEBTOR | | | SPOUSE | | |
| Name of Employer How long employed Address of Employer PC | ficial est Bank years and 1 D Box 1932 n Juan, PR | 0 months | ousewife | | | | |
| | ss wages, sa | projected monthly income at time case filed) lary, and commissions (prorate if not paid month) | | \$ \$ | DEBTOR 5,283.59 | | SPOUSE |
| 3. SUBTOTAL 4. LESS PAYROLL DI a. Payroll taxes and S b. Insurance c. Union dues d. Other (specify) | ocial Securi | | | \$ \$ \$ \$ | 5,283.59 336.38 149.09 20.32 | \$ \$ \$ | 0.00 |
| 4 | 01K | | | \$ | 33.95 | \$ | |
| 5. SUBTOTAL OF PAGE 6. TOTAL NET MON | | | | \$ | 539.74 4,743.85 | | 0.00 |
| 7. Regular income from 8. Income from real pro 9. Interest and dividend 10. Alimony, maintenar that of dependents listed 11. Social Security or o (Specify) | operation operty s nce or support d above ther government income | of business or profession or farm (attach details | tor's use or | \$ \$ \$ \$ \$ \$ | 4,745.05 | \$ | 0.00 |
| 13. Other monthly inco (Specify) Christmas 14. SUBTOTAL OF L 15. AVERAGE MON | Bonus \$1,1 | |) | \$ \$ \$ \$ | 94.00 94.00 4,837.85 | \$ \$ | 0.00 |
| | RAGE MO | NTHLY INCOME: (Combine column totals | | | \$also on Summary of Sct | 4,837.85 nedules and, if ap | plicable, on |

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: Yes, debtor will increase her/his income in month 12.

B6J (Office Prom 12) 1034/28-ESL7 Doc#:1 Filed:05/01/12 Entered:05/01/12 15:22:34 Desc: Main Document Page 42 of 51 IN RE GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA

_ Case No. _

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Debtor(s)

(If known)

| SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(| (S) | |
|---|-------------------------------|----------------------------------|
| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the decon Form22A or 22C. | any payments luctions from | made biweekly, income allowed |
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete | a separate | schedule of |
| expenditures labeled "Spouse." | ~-F | |
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 963.00 |
| a. Are real estate taxes included? Yes No | | |
| b. Is property insurance included? Yes No | | |
| 2. Utilities: | | |
| a. Electricity and heating fuel | \$ | 200.85 |
| b. Water and sewer | \$ —— | 92.00 |
| c. Telephone | Ψ | 32.00 |
| d. Other Cellular | φ | 230.00 |
| Satellite | — ¢ — | |
| | — | 90.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 115.00 |
| 4. Food | \$ | 400.00 |
| 5. Clothing | \$ | 100.00 |
| 6. Laundry and dry cleaning | \$ | |
| 7. Medical and dental expenses | \$ | 200.00 |
| 8. Transportation (not including car payments) | \$ | |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | |
| 10. Charitable contributions | \$ | |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | |
| b. Life | \$ | |
| c. Health | _ | |
| d. Auto | | |
| e. Other | \$ | |
| | \$ | |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | — | |
| (Specify) | \$ | |
| (Specify) | — \$ — | |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | Ψ | |
| a. Auto | • | |
| | φ | |
| b. Other | — \$ —— | |
| 14.41 | — \$ —— | |
| 14. Alimony, maintenance, and support paid to others | \$ | |
| 15. Payments for support of additional dependents not living at your home | \$ | |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | |
| 17. Other See Schedule Attached | \$ | 1,747.00 |
| | \$ | |
| | \$ | |
| | | |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if | | |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data. | \$ | 4,137.85 |
| | | |
| 19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of | f this docur | ment: |
| None | . IIII GOCUI | |
| ***** | | |
| | | |
| | | |
| | | |
| | | |
| 20. STATEMENT OF MONTHLY NET INCOME | | |

| a. Average monthly income from Line 15 of Schedule I | \$\$ 4,837.85 |
|--|---------------|
| b. Average monthly expenses from Line 18 above | \$ 4,137.85 |
| c. Monthly net income (a. minus b.) | \$ 700.00 |

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Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

| Other Expenses (DEBTOR) | |
|--------------------------------|--------|
| Gasoline | 240.00 |
| Auto Maintainance | 40.00 |
| Back To School \$3,800./12 | 317.00 |
| Private School-Monthly Payment | 795.00 |
| Pet | 50.00 |
| Toll | 40.00 |
| Parking | 35.00 |
| Lunch At Work | 130.00 |
| Profession Expenses | 60.00 |
| Barber/Beauty | 40.00 |

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Debtor(s)

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Signature: /s/ RUBEN GUADALUPE SANTALIZ Date: **May 1, 2012** Debtor **RUBEN GUADALUPE SANTALIZ** Signature: /s/ MARTA JOSEFINA GARRATON PACHECO Date: **May 1, 2012** MARTA JOSEFINA GARRATON PACHECO [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Signature:

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| _Document | t Page 45 of 51 s Bankruptcy Court |
|--------------|---------------------------------------|
| United State | s Bankruptcy Court |
| District | of Puerto Rico |

| IN RE: | Case No. |
|--|------------|
| GUADALUPE SANTALIZ, RUBEN & GARRATON PACHECO, MARTA JOSEFINA | Chapter 13 |
| Debtor(s) | • |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

71,090.00 2010 Income from Employment

64,296.00 2011 Income from Employment

20,301.00 2012 Income from Employment YTD

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | - | |
|--|--|---|--|
| CAPTION OF SUIT AND CASE NUMBER PR Acquisitions, LLC Vs. Marta Garraton Pacheco Case no.: ECCI 200800384 | NATURE OF PROCEEDING Collection of Money | COURT OR AGENCY AND LOCATION Court of First Instance Cidra, Puerto Rico | STATUS OR DISPOSITION Pending |
| Operating Partners Co Inc Vs. Marta Garraton Pacheco Case No.: ECCI200900326 | Collection of Money | Court of First Instance Cidra, Puerto Rico | Pending |
| Operating Partners Co Inc Vs. Marta Garraton Pacheco Case No.: D2CM20100310 | Collection of Money | Court of First Instance Cidra, Puerto Rico | Pending |
| Hacienda Primavera Development Corp. Vs. | Collection of Money | Court of First Instance Cidra, Puerto Rico | Pending |

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

Rubaen Guadalupe Santaliz Case No.: ECCI 201100096

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

AMOUNT OF MONEY OR DESCRIPTION DATE OF PAYMENT, NAME OF NAME AND ADDRESS OF PAYEE PAYOR IF OTHER THAN DEBTOR AND VALUE OF PROPERTY Roberto Figueroa Carrasquillo, Esq. 4/14/2012 119.00 **PO Box 186** Caguas, PR 00726-0186 **CIN Legal Data Services** 5/1/2012 50.00 4540 Honeywell Ct Dayton, OH 45424-5760 In Charge Education 4/12/2012 30.00 By Internet,

10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

List all property owned by another person that the debtor holds or controls.

 \checkmark

15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

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16. Spouses and Former Spouses

I.

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None 1

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: May 1, 2012 | Signature /s/ RUBEN GUADALUP of Debtor | <u>PE SANTALIZ</u> RUBEN GUADALUPE SANTALIZ |
|--------------------------|--|---|
| Date: May 1, 2012 | Signature /s/ MARTA JOSEFINA (of Joint Debtor (if any) | GARRATON PACHECO MARTA JOSEFINA GARRATON PACHECO |
| | 0 continuation pages | s attached |

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| IN RE: | | Case No. |
|-------------------------------------|--|--|
| GUADALUPE SANTALIZ, RUBEN & G | ARRATON PACHECO, MARTA JOSEFINA | Chapter 13 |
| | Debtor(s) | |
| | VERIFICATION OF CREDITOR MATR | XIX |
| The above named debtor(s) hereby ve | erify(ies) that the attached matrix listing creditor | rs is true to the best of my(our) knowledge. |
| | | |
| | | |
| Date: May 1, 2012 | Signature: /s/ RUBEN GUADALUPE SANTALIZ | Z |
| | RUBEN GUADALUPE SANTALIZ | Debtor |
| | | |
| Date: May 1, 2012 | Signature: /s/ MARTA JOSEFINA GARRATON | PACHECO |
| | MARTA JOSEFINA GARRATON PA | |

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GUADALUPE SANTALIZ. RUBEN HACIENDA PRIMAVERA **15 AUSTRAL STREET** CIDRA, PR 00739-9369

Document Page 50 of 51 CHARLENE RIVERA AGOSTO PO BOX 366220 SAN JUAN, PR 00936-6220

PO BOX 19327 SAN JUAN, PR 00910-1427

FIRST BANK

HACIENDA PRIMAVERA 15 AUSTRAL STREET CIDRA, PR 00739-9369

GARRATON PACHECO, MARTA JOSEFINA CHARLENE RIVERA AGOSTO COND PUERTA REAL 834 ANASCO ST 305 610 WALTHAM WAY SAN JUAN. PR 00924-2491

FIRST NATIONAL COLLECTION BUREAU MCCARRAN, NV 89434-6695

R. Figueroa Carrasquillo Law Office PO Box 193677 San Juan. PR 00919-3677 **CITIBANK NA** PO BOX 364106 SAN JUAN. PR 00936-4106 FIRST PREMIER BANK PO BOX 5147 SIOUX FALLS. SD 57117-5147

AFNI ATT PO BOX 3427 BLOOMINGTON, IL 61702-3427 CITIFINANCIAL **PO BOX 499** HANOVER, MD 21076-0499 **GC SERVICES** PO BOX 47455 JACKSONVILLE, FL 32247-7455

AFNI CENTENNIAL PO BOX 3427 BLOOMINGTON, IL 61702-3427 **COMMERCIAL RECOVERY SYSTEMS** PO BOX 570909 DALLAS, TX 75357-0909

GC SERVICES PO BOX 47455 JACKSONVILLE, FL 32247-7525

AT&T **5407 ANDREWS HWY** MIDLAND, TX 79706-2851 **CRESCA CORP PMB 92** PO BOX 71325 SAN JUAN, PR 00936-8425

HACIENDA PRIMAVERA PO BOX 4069 BAYAMON, PR 00958-1069

BANCO BILBAO VIZCAYA ARGENTARIA PO BOX 364745 SAN JUAN, PR 00936-4745

DEPARTAMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902-4140

JAIME RUIZ SALDANA PMB 450 400 CALAF STREET **SAN JUAN, PR 00918**

BANCO POPULAR DE PR PO BOX 363228 SAN JUAN, PR 00936-3228 **DPTO DE TRANSPORTACION Y OBRAS PUBLICAS** PO BOX 41269 SAN JUAN, PR 00940-1269

LAURANCE A HECKER ATTORNEY AT LAW 2C S GOLD DR TRENTON, NJ 08691-1633

BANCO POPULAR DE PR PO BOX 364445 SAN JUAN, PR 00936-4445 DR MELVIN HERNANDEZ VIERA 315 AVE DOMENECH SAN JUAN, PR 00918-3513

LEADING EDGE RECOVERY **5440 N CUMBERLAND AVE STE 300** CHICAGO, IL 60656-1490

CENTENNIAL DE PR PO BOX 71514 SAN JUAN, PR 00936-8614 **ECMC** 101 5TH ST E SAINT PAUL, MN 55101-1898 **LIZANDRA BERRIOS PACHECO** PO BOX 366220 SAN JUAN, PR 00936-6220

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MAZA & GREEN PO BOX 364028 SAN JUAN, PR 00936-4028 Document Page 51 of 51 PREFERRED HOME SERVICES PO BOX 4069 BAYAMON, PR 00958-1069

VILLANUEVA LOPEZ LAW OFFICES PO BOX 10441 SAN JUAN, PR 00922-0441

MICHELLE PIRALLO DI CRISTINA

PO BOX 192321

SAN JUAN, PR 00919-2321

RODRIGUEZ FERNANDEZ LAW OFFICES

PSC

PO BOX 71418

SAN JUAN, PR 00936-8518

WFNNB/TREK PO BOX 2974

SHAWNEE MISSION, KS 66201-1374

MRS ASSOCIATES INC

1930 OLNEY AVE

CHERRY HILL, NJ 08003-2016

RUSH PARALEGAL SERVICES FOREST HILLS H-101 ATENA ST

BAYAMON, PR 00959

WORLD FINANCIAL NETWORK BANK

PO BOX 182125

COLUMBUS, OH 43218-2125

NATIONWIDE RECOVERY SYSTEMS

ATT MOBILITY

2304 TARPLEY RD STE 134 **CARROLLTON, TX 75006-2470** **SAN JUAN CAPESTRANO**

RR 2 BOX 11

SAN JUAN, PR 00926-9767

YIYI MOTORS INC PO BOX 352

BAYAMON, PR 00960-0352

OPERATING PARTNERS BANCO BILBAO VIZCAYA

PO BOX 194499

SAN JUAN, PR 00919-4499

SONIA DEL MAR 72 GEORGETTI ST

SAN JUAN, PR 00925-3607

OPERATING PARTNERS

PO BOX 194499

SAN JUAN, PR 00919-4499

STOKES AND CLINTON

PO BOX 991801

MOBILE, AL 36691-8801

PARIS AUTO SALES

PO BOX 352

BAYAMON, PR 00960-0352

T-MOBILE

PO BOX 660252

DALLAS, TX 75266-0252

PORTFOLIO RECOVERY ASSOCIATES, LLC T-MOBILE FINANCIAL

CITIFINANCIAL

PO BOX 12914 NORFOLK, VA 23541-0914

PO BOX 2400

YOUNG AMERICA, MN 55553-2400

PR ACQUISITIONS

MONEY EXPRESS PO BOX 194499

SAN JUAN, PR 00919-4499

TOYOTA FINANCIAL SERVICES

PO BOX 71410

SAN JUAN, PR 00936-8510

PR ACQUISITIONS

PO BOX 71418 SAN JUAN, PR 00936-8518 TRANSWORLD SYSTEMS INC

PO BOX 12103

TRENTON, NJ 08650-2103